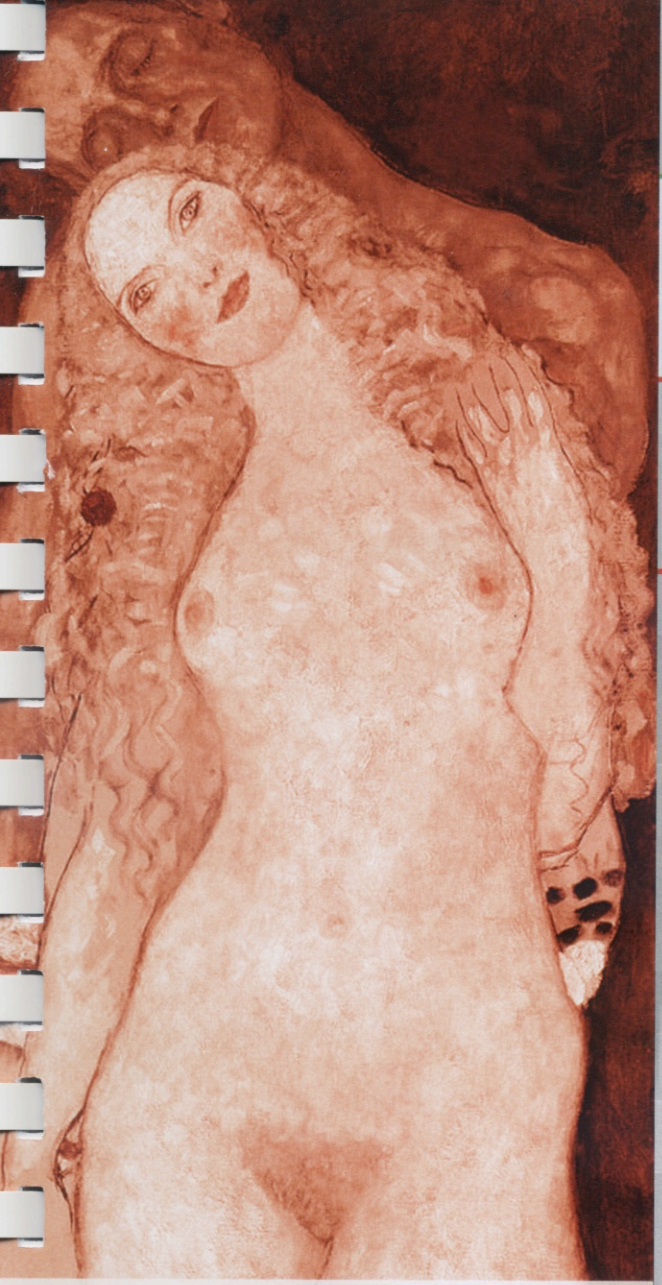

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Psychological, rather than organic and/or relational components are involved in sexual dysfunction in Young/Middle Aged Human immunodeficiency virus (HIV)-Infected Men

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BACKGROUND: HIV-infection is associated to an increased prevalence of erectile dysfunction (ED)[1,2]. In HIV-infected men ED seems to be less related to serum Testosterone (T)[2-4], ED and sexual dysfunction mainly depending from other factors[1,2]. However, data on other components of sexual dysfunction in HIV are scanty[2].

AIM: To investigate the role of different components (organic, relational, psychological) of erectile function by using different validate questionnaire in HIV-infected men with normal serum T who are mainly homosexual (70%).

METHODOLOGY: Prospective, cross-sectional, observational study on 225 eugonadal, HIV-infected male patients with ongoing Highly Active Antiretroviral Therapy (HAART) attending the Clinic of Infectious Diseases. The International Index of Erectile Function (IIEF)-15, IIEF-5 and Structured Interview for Erectile Dysfunction (SIEDY) were used for the evaluation of sexual function. Moreover, the sexual desire was further evaluated using a direct question during the visit. ***Statistical analysis:*** comparison of continue variables among groups was performed using Kruskal-Wallis test and Dunnet test for *post-hoc* analyses.

RESULTS: 225 HIV-infected patients were enrolled (mean age 45.19±5.36 years) with average duration of HIV-infection and of HAART treatment of 187.62±101.71 and 156.38±89.81 months, respectively.

Table 1 summarizes the score obtained in each item evaluated by questionnaires.

Table 1	**IIEF-15**	**IIEF-5**	**SIEDY**
Erectile dysfunction	20.75+8.81	18.63+5.97	6.33+4.25
Orgasmic function	6.17+3.19	-	-
Sexual desire	5.38+3.47	-	-
Intercourse satisfaction	6.08+3.91	-	-
Overall satisfaction	6.67+3.22	-	-
Organic basis of ED (scale 1)	-	-	2.64+2.14
Relational basis of ED (scale 2)	-	**-**	0.56+1.21
Psychological basis of ED (scale 3)	-	**-**	2.46+1.98

The SIEDY scores obtained at appendix and scale 3 were significantly higher in patients with ED at IIEF-15 (n=136, 60.4%) compared with those without ED (appendix: 7.64±4.39 vs 4.35±3-14, p<0.001) (scale 3: 2.72±4.39 vs 2.07±1.86, p=0.015). Conversely, scale 1 (2.76±2.16 vs 2.46±2.10, p=0.448) and 2 (0.53±1.02 vs 0.61±1.47, p=0.503) of SIEDY did not differ between patients with or without ED. This suggests that the psychological basis of ED was predominant in HIV-infected men. However, when patients were grouped according to the severity of ED at IIEF-15 all SIEDY items did not differ among the 3 groups (p>0.05). The erectile function domain at IIEF-15 was directly correlated with IIEF-5 score (0.778, p<0.001). Similarly, the score at SIEDY appendix was significantly different among the ED degree found at IIEF-15 (p<0.001). In particular, lower score was found in HIV-infected men without ED compared to those with mild, moderate and severe ED (p<0.001, p=0.001, and p<0.001, respectively), confirming the reliability of these tools. Sexual desire was evaluated using IIEF-15 appropriate domain and during the interview through direct question performed by the clinician. Sexual desire was impaired in 73 patients (31.33%) at interview with a good correlation with the item of IIEF-15 on sexual desire (p<0.001).

CONCLUSIONS:

The psychological component of ED impacts in a significant manner on ED in men with HIV. Despite the high prevalence of comorbidities in these patients the organic component does not affect erectile function. Similarly, the relational component seems to play a not significant role probably because of the high percentage of men not in a stable relationship. All the three validated questionnaires well describe the degree of erectile dysfunction, with a good correlation index, suggesting that they are all reliable and accurate for the diagnosis of ED in this peculiar population.

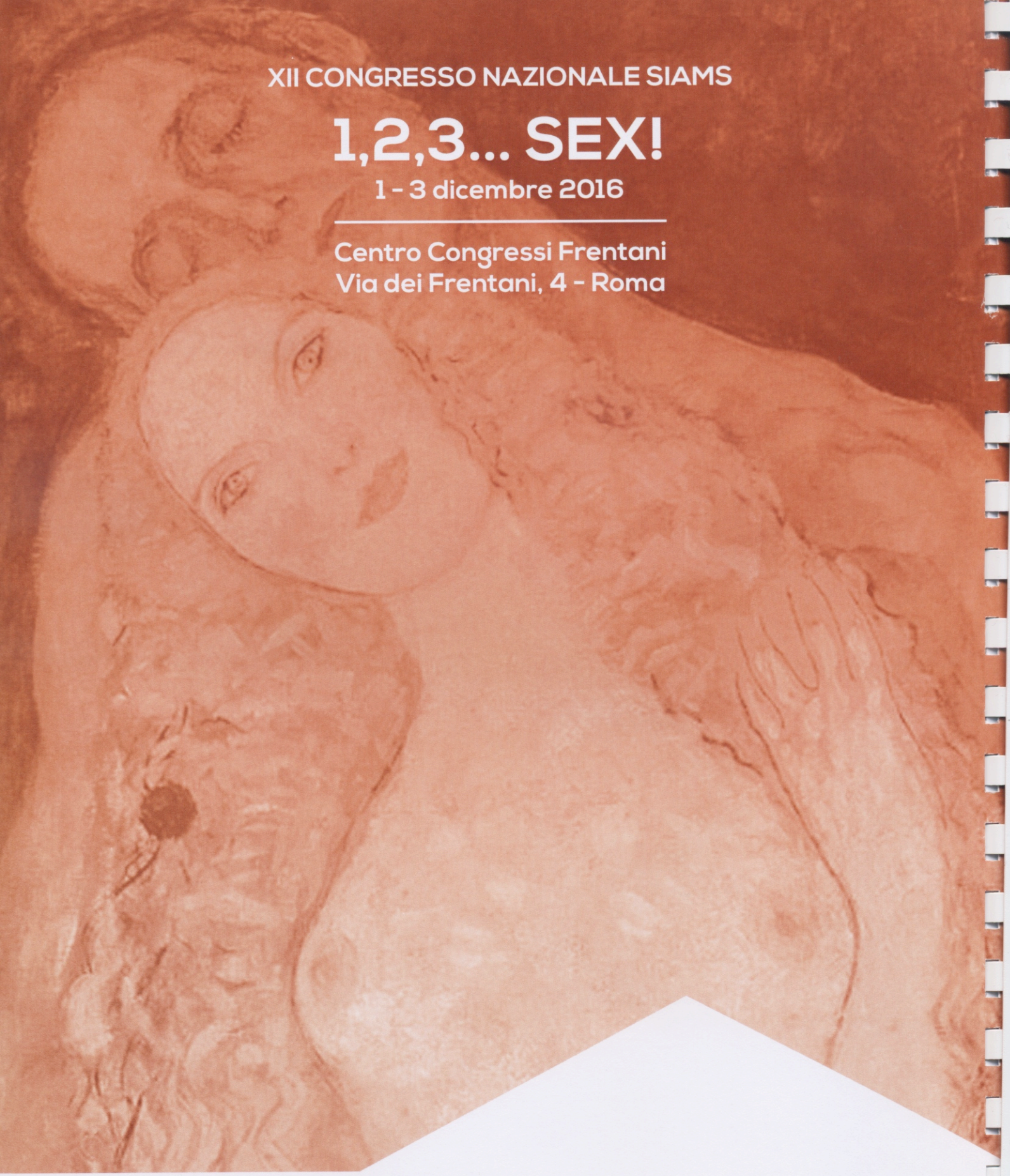
REFERENCES

[1]Zona S *et al.* Erectile dysfunction is more common in young to middle-aged HIV-infected men than in HIV-uninfected men. *J Sex Med*. 2012 Jul;9(7):1923-30.

[2]Santi D *et al.* Male sexual dysfunction and HIV--a clinical perspective. *Nat Rev Urol*. 2014 Feb;11(2):99-109.

[3]Rochira V *et al.* Premature decline of serum total testosterone in HIV-infected men in the HAART-era. *PLoS One*. 2011;6(12):e28512.

[4]Rochira V & Guaraldi G. Hypogonadism in the HIV-infected man. *Endocrinol Metab Clin North Am*. 2014 Sep;43(3):709-30.



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